Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Ch	ange in Company's premium or rate le	vel produced by rate revision effective	2/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5. 6.	Glass Fidelity		
7. 8.	Surety Boiler and Machinery		
	Fire Extended Coverage Inland Marine		
12. 13. 14.	Homeowners Commercial Multi-Peril Crop Hail Other	\$782,383	2.80%
	Line of Insurance	territories) or certain classes? If so, specify:	No
	ef description of filing. (If filing follows r	ates of an advisory organization, specify orga	nization): We are filing a Base Rate
	justed to reflect all prior rate changes. hange in Company's premium level wh	nich will result from application of new rates.	
		Addison Insurance Company Nam	ne of Company
		Allen R. Sorensen, VP - Corpora	, ,

Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective <u>9/20/2014 Renewals</u>.

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private	(minole)	
	Passenger		•
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		·
11.	Inland Marine		
12.		\$13,465,864	0.0%
13.			
14.	•		
15.			
	Life of Insurance	•	
	Dana filina and canada ta anatain t		_
	Does filing only apply to certain to Classes? If so,	erniory (terniones) or certain	11
	specify: No		
	specify. Ivo		· · · · · · · · · · · · · · · · · · ·
	Brief description of filing. (If filing	follows rates of an advisory	
	Organization, specify		
	organization): Revise: Territory D	efinitions	·
	No longer allow new business to		and Casualty Insurance
	Company		
	Please see the filing memorandu		
	*Adjusted to reflect all prior rate of	hannes	

*Adjusted to reflect all prior rate changes.

Allied Property and Casualty Insurance Company
Name of Company
Matthew White - VP Personal Lines Pricing
Official – Title

^{**}Change in Company's premium level which will result from application of new rates.

SUMMARY SHEET

	Change in Company's premium or rate	level produced by rate revision effective	November 1, 2014
	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	1.0.10.10.10.10.10.10.10.10.10.10.10.10.	
12.	Homeowners	4,829,012	-0.05%
13.	Commercial Multi-Peril	1,027,012	0.03 / 0
14.	Crop Hail		
15.	Other		
13.	Line of Insurance		
	iling only apply to certain territory (territory 68 - this area was previous	ritories) or certain classes? If so, specify: ly in territory 39.	
	description of filing. (If filing follows ring the following revisions:	rates of an advisory organization, specify o	organization):
•Crea	ise Base Rates all forms. Ite a new territory 68, this area was presise Insurance Score Factors. Orial change to wording in the Loss His	viously in territory 39. story Factor portion of the Class Factory page	ages.
	oduce Summit Adjustment Factors.		
•Rev	ise Rule 106 Public Protection Classific	cation Information- removing Suburban Ra	ating Plan.
	ise Rule 519 Water Backup and Sump		
	ise Rule 549 Gated Community Credit		
	-	to Rule 402. Town House or Row House	and Rule 532 Solid Fuel
	ing Devices		
	ise several factors under Rule 527 Age		
	oducing Rule 556 Elite Policy Discount		
•Ado		on Classification and Rating Factors per fi	ling designation # HO2013-
		Centra	l Mutual Ins Co

H2919D

(Mrs.) Petrise Meyer Sr Rates and Forms Analyst Official - Title

Name of Company

Change in Company's premium or rate level proc	duced by rate revision effective	10/01/14	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent nge (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril	\$93,503		8.7%
14. Crop Hail 15. Other Line of Insurance			
Does filing only apply to certain territory (territorie	es) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rates o score discounts, form 3 base rates, and section	of an advisory organization, specify organize I rates/factors.		Revising insurance
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which wil	ll result from application of new rates.	EMCASCO Insurance C	· · · · · · · · · · · · · · · · · · ·
		Name of Company	SOUDERGY
		Linda Samson - Assis Official - Title	tant Vice President
		Unicial - File	

Change in Company's premium or rate level prod	luced by rate revision effective	10/01/14	
(1) Coverage	(2) Annual Premium <u>Volume (Illinois)*</u>	<u>c</u>	(3) Percent hange (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril	\$153,514		6.9%
Crop Hail Solution Line of Insurance Does filing only apply to certain territory (territories)	es) or certain classes? If so, specify:	No	
Brief description of filing. (If filing follows rates of score discounts, form 3 base rates, and section I	f an advisory organization, specify org rates/factors.	ganization):	Revising insurance
*Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will			
		Employers Mutual Casu	alty Company
		Name of Company	
	L	inda Samson - Assistant	Vice President
•		Official - Title	

FORM (RF-3)

SUMMARY SHEET

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	Change (+or-) **
Automobile Liability Private	•	
Passenger		
Commercial		· · · · · · · · · · · · · · · · · · ·
Automobile Physical Dama	g _.	
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		· · · · · · · · · · · · · · · · · · ·
Surety	· · · · · · · · · · · · · · · · · · ·	
Boiler and Machinery		
Fire		
Extended Coverage		
nland Marine		
Homeowners	\$766,288	10%
Commercial Multi-Peril	<u></u>	······································
Crop Hail		
Othe <u>r</u>		
Line of Insurance		
	ertain territory (territories) or	certain
Classes? If so,		
specify: No No		
Brief description of filing (If filing follows rates of an ac	
Organization, specify	in ming renews rates or arrac	2 + 10 O 1 y
organization):	Rate Revision	
*Adjusted to reflect all prior	rate changes.	

David Cloutier - Senior Actuarial Analyst

Official - Title

FORM (RF-3)

SUMMARY SHEET

Coverage Automobile Liability Private Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto	- Volume (Illinois) *	Change (+or-) **
Passenger Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto		
Commercial Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto		
Automobile Physical Damag Private Passenger Commercial Liability Other Than Auto		
Private Passenger Commercial Liability Other Than Auto		
Commercial Liability Other Than Auto		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners	\$857,371	9.8%
Commercial Multi-Peril		
Crop Hail		
Other		
Line of Insurance		
Does filing only apply to certa Classes? If so,	ain territory (territories) or	certain
specify: No	·	
Brief description of filing. (If t	filing follows rates of an a	udvison.
Organization, specify	illing follows rates of art a	divisory
organization):	Rate Revision	
*Adjusted to reflect all prior ra **Change in Company's pren	-	lt from application of ne
rates.	Horace Mann Prop	perty and Casualty
	Na	me of Company

Change in Company's premium or rate level produce	d by rate revision effective	10/01/14
(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery Fire		
10. Extended Coverage		
11. Inland Marine 12. Homeowners	\$2,085,627	7.3%
13. Commercial Multi-Peril		
14. Crop Hail 15. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) o	r certain classes? If so, specify:	No ·
Brief description of filing. (If filing follows rates of an score discounts, form 3 base rates, and section I rate	advisory organization, specify organizat es/factors.	tion): Revising insurance
	Addition 1	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will rest	ult from application of new rates.	
	Hii	nois EMCASCO Insurance Company
		Name of Company
	L	Linda Samson - Assistant Secretary
		Official - Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 11/1/2014

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois) *	_ Change (+or-) **
Automobile Liability Priva	ate	
Passenger	723,904	0%
Commercial	582,218	0%
Automobile Physical Dar	nag	
Private Passenger	732,897	0%
Commercial	465,888	0%
Liability Other Than Auto	425,991	0%
Burglary and Theft	0	0%
Glass	0	0%
Fidelity	0	0%
Surety	0	0%
Boiler and Machinery	64,122	0%
Fire	0	0%
Extended Coverage	0	0%
Inland Marine	25,963	0%
Homeowners	1,052,111	+18.62%
Commercial Multi-Peril	2,623,085	0%
Crop Hail	0	0%
Other Workers Comp	3,721,813	0%
Line of Insurance		
Does filing only apply to Classes? If so,	certain territory (territories) o	r certain
specify: In	creases will only occur in territories 3,	4,7, and 9.
	(If filing follows rates of an a	advisory
Organization, specify		
organization):	I I I O h	s based on historical territory data

^{*}Adjusted to reflect all prior rate changes.

Midwest Family Mutual Insurance

Name of Company

Eric Olafson - R&D Analyst

Official — Title

^{**}Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective <u>8/6/2014 New Business</u>, <u>9/20/2014 Renewals</u>.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	Volume (minois)	Change (101-)
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		<u> </u>
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9. 10.	Fire Extended Coverage		
10. 11.	Inland Marine	· · · · · · · · · · · · · · · · · · ·	
12.	Homeowners	\$2,669,644	0.8%
13.		Ψ2,000,044	0.070
	Crop Hail		•
	Other		
	Life of Insurance		
	Does filing only apply to certain te	erritory (territories) or certain	
	Classes? If so.	intory (territories) or certain	
	specify: No		·
	Brief description of filing. (If filing to	follows rates of an advisory	
	Organization, specify		_
	organization): Revise: Age of Insu		
	Age of Home, Number of Units, In		
	Financial Responsibility, Protection		
	Merit Rating, Minimum Premium, Prior Carrier, Home Purchase, Mi		
	12669, Endorsement 12540, Endo		
	Please refer to the filing memorar		Committee Dage Nates.
	*Adjusted to reflect all prior rate cl		
	**Change in Company's premium		application of new rates.
		Nationwide Affinity	Insurance Company

Name of Company

Matthew White - VP Personal Lines Pricing
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate Revision effective <u>08/01/2014 New, 09/01/2014 Renewal</u>.

	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -)**
1.	A 4 . 1 11 T 1 1 1114		
	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		·
	Burglary and Theft		
5.	Glass	***	·
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		<u> </u>
9.	Fire		
0.	Extended Coverage		
11.	Inland Marine		
2.	Homeowners	\$4,103,363	+4.1%
3.	Commercial Multi-Peril		
4.	Crop Hail		
15.	Other _		•
	Line of Insurance		
	iling only apply to certain territory (ter	ritories) or certain classes	? If so, specify:
	No.		•
_			

* Adjusted to reflect all prior rate changes.

Rockford Mutual Insurance Company
Name of Company
James Mayzer
Director Research and Development
Official - Title

^{**} Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damag		_
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft		
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
).	Extended Coverage		
	Inland Marine		
2.	Homeowners	\$4,522,971	9.8%
3.	Commercial Multi-Peril		***************************************
ŀ .	Crop Hail		
5 .	Othe <u>r</u>		
	Line of Insurance		
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: No		
	Specify.		
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Brief description of filing. (If f		dvisory
	Brief description of filing. (If f	iling follows rates of an ac	dvisory
	Brief description of filing. (If f		dvisory
	Brief description of filing. (If f Organization, specify organization):	Rate Revision	dvisory
	Brief description of filing. (If f Organization, specify organization): *Adjusted to reflect all prior ra **Change in Company's prem	Rate Revision	
	Brief description of filing. (If f Organization, specify organization): *Adjusted to reflect all prior ra	Rate Revision Ite changes. Itum level which will result	t from application of new
	Brief description of filing. (If f Organization, specify organization): *Adjusted to reflect all prior ra **Change in Company's prem	Rate Revision Ite changes. Iium level which will result	t from application of new

Official - Title

Form (RF-3)

Ch	ange in Company's premium or rate le	evel produced by rate revision effective	2/1/2015
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		·
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		·
11.	Inland Marine		
12.	Homeowners	\$120,575	2.80%
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	-	
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	No ·
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing a Base Rate			
increase.			
	justed to reflect all prior rate changes		
**C	hange in Company's premium level w	hich will result from application of new rates	
		United Fire & Casualty	
		N	lame of Company
		Allen R. Sorensen, VP - Corp	······································
			Official – Title